



07/01/2022 Renewal for New Holstein School District

	Current Plan Benefits			Renewal Plan Benefits		
Network	UHC Choice Plus			UHC Choice Plus		
Plan Type	PPO			PPO		
Accumulation Type	Embedded			Embedded		
Benefit Accumulator	Calendar Year			Calendar Year		
	In-Network		Out-of-Network	In-Network		Out-of-Network
Deductible	\$1,000/\$2,000		\$2,000/\$4,000	\$1,000/\$2,000		\$2,000/\$4,000
Coinsurance	100%		70%	100%		70%
Total Maximum Out-of-Pocket (Ded, Coins, Med & RX Copays)	\$4,000/\$8,000		\$8,000/\$16,000	\$4,000/\$8,000		\$8,000/\$16,000
Medical Benefits						
Inpatient Hospital	Deductible/100%		Deductible/70%	Deductible/100%		Deductible/70%
Outpatient Hospital	Deductible/100%		Deductible/70%	Deductible/100%		Deductible/70%
Office Visit	\$25 Copay/Ded Waived/100%		Deductible/70%	\$25 Copay/Ded Waived/100%		Deductible/70%
Specialist Office Visit	\$25 Copay/Ded Waived/100%		Deductible/70%	\$25 Copay/Ded Waived/100%		Deductible/70%
Preventive Exam	100%/Deductible Waived		Deductible/70%	100%/Deductible Waived		Deductible/70%
Convenient Care	Deductible/100%		Deductible/70%	Deductible/100%		Deductible/70%
Manipulation	\$25 Copay/Ded Waived/100%		Deductible/70%	\$25 Copay/Ded Waived/100%		Deductible/70%
Phys/Occ/Sp/Resp Therapy (Combined 60 visits per benefit period for PT/OT/ST)	\$25 Copay/Ded Waived/100%		Deductible/70%	\$25 Copay/Ded Waived/100%		Deductible/70%
Urgent Care	\$100 Copay/Ded Waived/100%		Deductible/70%	\$100 Copay/Ded Waived/100%		Deductible/70%
Emergency Room Care	\$250 Copay/Deductible Waived/100%			\$250 Copay/Deductible Waived/100%		
Mental Health/Subst. Abuse:						
Office Visit	\$25 Copay/Ded Waived/100%		Deductible/70%	\$25 Copay/Ded Waived/100%		Deductible/70%
Inpatient	Deductible/100%		Deductible/70%	Deductible/100%		Deductible/70%
Outpatient	Deductible/100%		Deductible/70%	Deductible/100%		Deductible/70%
High Tech Imaging Coverage	Deductible/100%		Deductible/70%	Deductible/100%		Deductible/70%
Oral Surgery	Deductible/100%		Deductible/70%	Deductible/100%		Deductible/70%
All Other Covered Medical Services	Deductible/100%		Deductible/70%	Deductible/100%		Deductible/70%
Teladoc Benefits	100%/Deductible Waived			100%/Deductible Waived		
Pharmacy Benefits						
Drug Plan Formulary	Generic	Preferred	Non-Preferred	Generic	Preferred	Non-Preferred
Retail, 30 Days	\$10	\$30	\$60	\$10	\$30	\$60
Retail, 31-90 Days	\$30	\$90	\$180	\$30	\$90	\$180
Mail Order, 90 Days	\$20	\$60	\$120	\$20	\$60	\$120
Specialty, 30 Days	25% up to \$250			25% up to \$250		
	Value Priced Generic: Yes - \$0			Value Priced Generic: Yes - \$0		
	Mandatory Generic: No			Mandatory Generic: No		
	Rx Max Out-of-Pocket: Included in Medical			Rx Max Out-of-Pocket: Included in Medical		

By: New Holstein School District
 Signature: _____
 Print Name: _____
 Title: _____
 Date: _____

By: WCA Group Health Trust
 Signature: 
 Print Name: Michael Lamont
 Title: Chief Operating Officer
 Date: 03-13-2022

This is a summary of the plan benefits. For more detailed benefit information, please refer to the Summary Plan Description (SPD). If a discrepancy is found between this renewal summary and your policy's SPD, the terms of the SPD will govern.



**NEW HOLSTEIN SCHOOL DISTRICT
2022 RENEWAL EXHIBIT
(Effective 07/01/2022)**

<i>Coverage Tier</i>	<i>Enrollment</i>	<i>Current Premium</i>	<i>Current Monthly Premium</i>	<i>07/01/2022 Renewal Premium</i>	<i>Renewal Monthly Premium</i>
Single	17	\$991.14	\$16,849.38	\$1,010.96	\$17,186.32
Family	74	\$2,245.36	\$166,156.64	\$2,290.27	\$169,479.98
Single Medicare w/Rx	0	\$633.23	\$0.00	\$645.89	\$0.00
Family Medicare w/Rx	0	\$1,266.46	\$0.00	\$1,291.79	\$0.00
Special Medicare (1 Over/1 Under)	0	\$1,624.37	\$0.00	\$1,656.86	\$0.00
Single Medicare w/o Rx	1	\$192.41	\$192.41	\$196.26	\$196.26
Family Medicare w/o Rx	0	\$384.82	\$0.00	\$392.52	\$0.00
Monthly Total	92		\$183,198.43		\$186,862.56
Annual Total			\$2,198,381.16		\$2,242,350.72

By: New Holstein School District
 Signature: _____
 Print Name: _____
 Title: _____
 Date: _____

By: WCA Group Health Trust
 Signature: 
 Print Name: Michael Lamont
 Title: Chief Operating Officer
 Date: 03.13.2022

This is a summary of the plan benefits. For more detailed benefit information, please refer to the Summary Plan Description (SPD). If a discrepancy is found between this renewal summary and your policy's SPD, the terms of the SPD will govern.



**NEW HOLSTEIN SCHOOL DISTRICT
2022 RENEWAL EXHIBIT
(Effective 07/01/2022)**

REQUIRED MODIFICATION NOTICE REGARDING CHANGES TO YOUR WCA GROUP HEALTH TRUST
PLAN TO TAKE EFFECT AT YOUR NEXT RENEWAL

Effective July 1, 2022, the follow benefit allowance will change:

- Private Duty Nursing – Excluded
- Air Ambulance – Benefit limited to \$25,000, per occurrence

By: New Holstein School District
 Signature: _____
 Print Name: _____
 Title: _____
 Date: _____

By: WCA Group Health Trust
 Signature:  _____
 Print Name: Michael Lamont
 Title: Chief Operating Officer
 Date: 03.13.2022



**NEW HOLSTEIN SCHOOL DISTRICT
2022 RENEWAL EXHIBIT
(Effective 07/01/2022)**

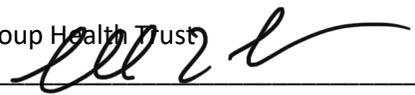
Assumptions

- Rates are guaranteed for the contract period of 07/01/2022 through 06/30/2023
- Rates are based on your submitted census. WCA Group Health Trust reserves the right to adjust the rates from audit date back to effective date if any of the following changes:

- Enrollment +/- 10%
- Average Contract Size +/- 10%
- Area Factor +/- 8
- Age/Sex Factor +/- 10%
- Cobra enrollees are more than 10% of enrollment
- Retiree enrollees are more than 10% of enrollment
- Any Material Changes

-Employer contributes a minimum of 50% toward the employee only rates and 50% toward the dependent rates.
 -Requires a minimum participation level of 75%
 - This offer, unless otherwise stated herein, completely replaces all other previous offers or portions thereof. Any offers previously extended are hereby null and void.
 -WCA Group Health Trust reserves the right to adjust the rates and/or fees (i) in the event of any changes in federal, state or other applicable legislation or regulation; (ii) in the event any changes in Plan design required by the applicable regulatory authority (i.e. mandated benefits) or by the Plan Sponsor; and (iii) as otherwise permitted in our policy.
 -This premium may include state and federal taxes and fees.
 -Plan design and corresponding premium rates offered herein represent a coverage option that is consistent with your current group size (based on most recent census or survey information) and closely matches your current coverage. Additional coverage options may be available to you.
 - Premium rates include a **1.5%** commission payable to your agent based on negotiations between you and your broker/consultant.

By: New Holstein School District
 Signature: _____
 Print Name: _____
 Title: _____
 Date: _____

By: WCA Group Health Trust
 Signature:  _____
 Print Name: Michael Lamont
 Title: Chief Operating Officer
 Date: 6.13.2022